

<b>DEPARTMENT OF DEFENSE PROGRAM EXECUTIVE OFFICER - WAIVER REQUEST</b>			<b>REPORT CONTROL SYMBOL</b>	
<b>COMPONENT/ORGANIZATION</b>				
<b>1. TO</b> <i>(Component Acquisition Executive (CAE))</i>		<b>2. VIA</b> <i>(Director, Acquisition Career Management (DACM))</i>		
<b>3. COPY TO</b> <i>(USD(A)AET&amp;CD)</i>		<b>4. FROM</b> <i>(Organization and Address)</i>		
<b>POSITION DATA</b>				
<b>5. POSITION NUMBER</b>	<b>6. POSITION TITLE</b>	<b>7. GRADE/RANK</b>	<b>8. OCCUPATIONAL SERIES/ SPECIALTY</b>	
<b>IDENTIFICATION AND PERSONAL DATA</b>				
<b>9. NAME</b> <i>(Last, First, Middle Initial)</i>		<b>10. GRADE/RANK</b>	<b>11. SSN</b>	
<b>12. ACQUISITION CAREER FIELD</b>		<b>13. OCCUPATIONAL SERIES/SPECIALTY</b>		
<b>14. WAIVER REQUEST</b> <i>(X one)</i>				
<input type="checkbox"/>	ABSENCE OF PROGRAM MANAGEMENT COURSE	<input type="checkbox"/>	ABSENCE OF TEN YEARS' ACQUISITION EXPERIENCE	<input type="checkbox"/>
<input type="checkbox"/>	ABSENCE OF PROGRAM MANAGER/ DEPUTY PROGRAM MANAGER EXPERIENCE	<input type="checkbox"/>	ABSENCE OF FOUR YEARS' EXPERIENCE IN CRITICAL ACQUISITION POSITIONS	NON-ACQUISITION CORPS MEMBER
<b>15. REQUEST BASED ON DETERMINATION THAT INDIVIDUAL POSSESSES THE FOLLOWING QUALIFICATIONS THAT OBIATE THE NEED FOR MEETING THE EDUCATION, TRAINING AND EXPERIENCE REQUIREMENTS</b> <i>(Written narrative - use other side if needed)</i>				
<b>16. REQUESTING OFFICIAL</b>				
a. TYPED NAME		b. GRADE	c. ORGANIZATION	
d. SIGNATURE			e. DATE	
<b>17. COMPONENT APPROVING OFFICIAL</b>				
a. TYPED NAME		b. TITLE		
c. SIGNATURE			d. DATE	